

Shingles (Herpes Zoster)

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QUESTIONS AND ANSWERS

What is Shingles?

Shingles, also called herpes zoster or zoster, is a painful skin rash caused by the varicella zoster virus (VZV). VZV is the same virus that causes chickenpox. After a person recovers from chickenpox, the virus stays in the body. Usually the virus does not cause any problems; however, the virus can reappear years later, causing shingles. The same virus that causes genital herpes, a sexually transmitted disease, does not cause herpes zoster.

What does shingles look like?

Shingles usually starts as a rash on one side of the face or body. The rash starts as blisters that scab after three to five days. The rash usually clears within two to four weeks. Before the rash develops, there is often pain, itching or tingling in the area where the rash will develop. Other symptoms of shingles can include fever, headache, chills and upset stomach.

Are there any long-term effects from shingles?

Very rarely, shingles can lead to pneumonia, hearing problems, blindness, brain inflammation (encephalitis) or death. For about one person in five, severe pain can continue even after the rash clears up. This pain is called post-herpetic neuralgia. As people get older, they are more likely to develop post-herpetic neuralgia and it is more likely to be severe.

How common is shingles in the United States?

In the United States, there are an estimated one million cases of shingles each year. About one of every three people in the United States will get shingles during their lifetime. Approximately half of those who live to be 85 years old will have one or more encounters with shingles.

Who gets shingles?

Anyone who has recovered from chickenpox may develop shingles, including children. However, shingles most commonly occurs in people 50 years old and older. The risk of getting shingles increases as a person gets older.

People who have medical conditions that keep the immune system from working properly, like cancer, leukemia, lymphoma and human immunodeficiency virus (HIV), or people who receive immunosuppressive drugs, such as steroids and drugs given after organ transplantation, are also at greater risk to get shingles.

How often can a person get shingles?

Most commonly, a person has only one episode of shingles in their lifetime. Although rare, a second or even third case of shingles can occur.





Can shingles be spread to other people?

Shingles cannot be passed from one person to another. However, the virus that causes shingles, VZV, can be spread from a person with active shingles to a person who has never had chickenpox through direct contact with the rash. The person exposed would develop chickenpox, not shingles.

The virus is not spread through sneezing, coughing or casual contact. A person with shingles can spread the disease when the rash is in the blister phase. Once the rash has developed crusts, the person is no longer contagious.

A person is not infectious before blisters appear or with post-herpetic neuralgia (pain after the rash is gone).

What can be done to prevent the spread of shingles?

The risk of spreading shingles is low if the rash is covered. People with shingles should keep the rash covered, not touch or scratch the rash, and wash their hands often to prevent the spread of VZV. Once the rash has developed crusts, the person is no longer contagious.

Is there a treatment for shingles?

Several medicines, acyclovir (Zovirax), valacyclovir (Valtrex) and famciclovir (Famvir) are available to treat shingles. These medications should be started as soon as possible after the rash appears, and will help shorten how long the illness lasts and its severity. Pain medicine may also help with pain caused by shingles. Call your doctor as soon as possible to discuss treatment options.

Is there a vaccine to prevent shingles?

Yes. Two vaccines can prevent shingles. One for use in people ages 60 and older which is a single dose and another for ages 50 and older that requires two doses to prevent shingles. Neither vaccine is used to treat shingles or post-herpetic neuralgia (pain after the rash is gone) once it develops.

Does the shingles vaccine work?

Yes. Both vaccines work. Shingrix protected almost 100% of people from getting the shingles rash and about 90% from the long-lasting pain associated with shingles. Zostavix protected more than half of the recipients from getting the shingles rash and about two-thirds from getting long-lasting shingles pain.

Because of the dramatic difference between these two vaccines, the committee of experts that advises the Centers for Disease Control and Prevention (CDC) recommended a preference for Shingrix vaccine.

Can someone who has already had shingles be vaccinated?

Yes. People who have had shingles can receive the shingles vaccine to help prevent future occurrences of the disease.

Why is the shingles vaccine only recommended for people 50 years and older?

A person's risk for getting shingles begins to rise around age 50.





Is the FDA-approved vaccine safe?

The FDA has licensed the vaccine as safe. The vaccine has been tested in about 20,000 people ages 60 and older. The most common side effects were redness, soreness, swelling or itching at the shot site, and headache. The CDC, working with the FDA, will continue to monitor the safety of the vaccine after it is in general use.

Will zoster vaccine be covered by Medicare for Medicare beneficiaries?

While details are evolving, it is anticipated that zoster vaccine will not be covered under Medicare Part B (which covers influenza and pneumococcal polysaccharide vaccine as well as hepatitis B for moderate and high-risk people). The vaccine will instead be reimbursed through the Medicare Part D program. Beneficiaries should contact their Part D plan for more information.

Where can I get more information?

- Your doctor, nurse or clinic, a community pharmacist or your local public health unit.
- Centers for Disease Control and Prevention (CDC): <u>cdc.gov/shingles/about/index.html</u>

This fact sheet is for information only and is not meant to be used for self-diagnosis or as a substitute for consultation with a health care provider. If you have questions about the disease described above or think that you may have this infection, consult a health care provider.

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